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## \*BIBDATASHEET\*

CONFIRMATION NO. 8892

Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/988,805 | <b>FILING OR 371(c) DATE</b><br>11/20/2001<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1615 | <b>ATTORNEY DOCKET NO.</b><br>1194-199 |
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/986,757 11/09/2001 PAT 6,676,969  
 which is a CON of 08/894,517 11/10/1997 PAT 6,326,029  
 which is a 371 of PCT/GB96/00399 02/22/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM 9503492.2 02/22/1995

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 11/30/2001

|   |  |                            |                           |                                |  |
|---|--|----------------------------|---------------------------|--------------------------------|--|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>SWITZERLAND | <b>SHEETS DRAWING</b><br>1 | <b>TOTAL CLAIMS</b><br>12 | <b>INDEPENDENT CLAIMS</b><br>1 |  |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance |  |                            |                           |                                |  |
| Verified and Acknowledged   | Examiner's Signature                   | Initials                   |                           |                                |  |

**ADDRESS**  
6449

**TITLE**  
RESORBABLE EXTRACELLULAR MATRIX FOR RECONSTRUCTION OF CARTILAGE

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>435 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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